

RADIO TALKING BOOK APPLICATION

Service to the Blind and Visually Impaired

East Hwy 34 %500 East Capitol

Pierre, SD 57501-5070

(605) 773-4644, 1-800-265-9684

Date: _____ Client #: _____

Name: _____ Birthdate: _____
Last First MI

Street Address: _____

City County State Zip Code Area Code/Phone #

Name of relative or contact person other than applicant:

Name Area Code/Phone #

Address City State Zip Code

Diagnosis of Applicant:

____ Cataracts
____ Diabetic Retinopathy
____ Glaucoma
____ Macular Degeneration
____ Retinitis Pigmentosa
____ Stroke (vision loss due to)
____ Other (explain) _____

Severity of Visual Impairment:

____ Moderate (Unable to read print)
____ Severe (Less than 20/60, but better than 20/200)
____ Legal (Blindness in both eyes with correction not more than 20/200 in the better eye)
____ Total (Blindness in both eyes with no light perception)

Do you require a jack for headphones? _____ Yes _____ No

Signature of Authority (RT, Counselor, other): _____

(This certifies that the individual is unable to read normal print.)